

Ovals must be filled in completely. Example: If any line shows a loss, mark an X in box at left of the line.

S	chedule C Massachusetts Profit or Loss from Business	2006
FIRST		SOCIAL SECURITY NUMBER OF PROPRIETOR
		EMPLOYER IDENTIFICATION NUMBER (if any)
ROSIN	ESS NAME	EMPLOTER IDENTIFICATION NUMBER (II ally)
MAIN	BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE	PRINCIPAL BUSINESS CODE (from U.S. Schedule C)
ADDRE	ESS	NUMBER OF EMPLOYEES
Ш		
CITY/T	OWN/POST OFFICE STATE ZIP	Accounting Method: Cash Accrual
Dist	ou materially participate in the operation of this business during 2006? (If "no," see line 33 instructions)	Other (specify)
Did y Exclu	ou claim the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2006 de interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter such amount in line 32 ion: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, fill	? Yes No 2 and in Schedule B, line 3.
1	a. Gross receipts or sales	▼ If showing a loss, mark an X in box at left
	b. Returns and allowances	
2	Cost of goods sold and/or operations (Schedule C-1, line 8)	
3	Gross profit. Subtract line 2 from line 1	0.0
4	Other income. Do not include interest income (other than from Mass. banks) and dividends	0.0
		0.0
5	Total income. Add line 3 and line 4	
6	Advertising	
7	Bad debts from sales or services	/
8	Car and truck expenses	
9	Commissions and fees	
10	Depletion	
11	Depreciation and Section 179 deduction	. 11
12	Employee benefit programs (other than in line 17)	. 12
13	Insurance (other than health)	. 13
14	Interest: a. mortgage interest paid to financial institutions	
	b. other interest	: 14
15	Legal and professional services	. 15
16	Office expense	. 16
17	Pension and profit-sharing plans	. 17
18		
	b other hydrogen property	. 10

	SOCIAL SECURITY NUMBER			
10		00		
19				
20	Supplies (not included on Schedule C-1)			
21	Taxes and licenses			
22				
23	a. Total meals and entertainment	lowing a loss, mark an X in box at left		
	b. Enter 50% of 23a subject to limitations	, , , , , 0 0		
24	<b>14</b> Utilities	, , , , , , , , , , , , , , , , , , , ,		
25	Wages (before U.S. jobs credit)			
26	<b>26</b> Other expenses			
27	7 Total expenses. Add lines 6 through 26	00		
28	Tentative profit or loss. Subtract line 27 from line 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
29	Expenses for business use of your home			
30	Abandoned Building Renovation Deduction	, , , , , , , , , , , , , , , , , , , ,		
31	Net profit or loss. Subtract total of line 29 & line 30 from line 28. If a profit, enter here and on Form 1, line 6 or Form 1-NR/PY, line 8. If a loss, complete line 33			
32	Is interest (other than from Mass. banks) or dividend income reported on U.S. Sch. C, lines 1 and/or 6 or Sch. C-EZ, line 1? Yes No. If "yes," enter amount here and in Mass. Sch. B, line 3 32	, , , 00		
33		Ba. All investment at risk. Bb. Some investment is not at risk.		
Schedule C-1 Cost of Goods Sold and/or Operations				
	Method(s) used to value closing inventory: Cost Lower of cost or market Other (enclose explanation) Was there any change in determining quantities, costs or valuations between opening and closing inventory? If yes, enclose	a explanation: Vac No		
		O O		
1	1 Inventory at beginning of year (if different from last year's closing inventory, enclose explanation) 1	, , , , , , , , , , , , , , , , , , , ,		
2				
	b. Items withdrawn for personal use			
3	3 Cost of labor (do not include salary paid to yourself)			
4	4 Materials and supplies			
5	5 Other costs (enclose statement)			
6	6 Add lines 1 through 5			
7	7 Inventory at end of year			
8	8 Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2	00		